



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)
**APPLICATION FOR CHANGE OF NAME AND/OR
CONTACT INFORMATION**

3216 Emerald Lane, Suite B
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

PURPOSE OF FORM: This form is to be used to inform the BCI of your current name and contact information.

INSTRUCTIONS: Please complete the information below, and if you have changed your name attach a copy of any legal documentation necessary to verify that change. Return the completed form, appropriate fee (if any) and attach documentation (if any) **NOTARIZED ONLY IF YOU HAVE CHANGED YOUR NAME**, to MCDHH 3216 Emerald Ln., Suite B, Jefferson City, MO 65109. Fee payment must be in the form of a cashier's check or money order made payable to "MCDHH/BCI Fund". **NO PERSONAL CHECKS WILL BE ACCEPTED.**

I. APPLICANT INFORMATION

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)		TELEPHONE NUMBER (BEST TO REACH YOU)
PREVIOUS NAME(S) (IF ANY)	DATE OF BIRTH	ALTERNATE TELEPHONE NUMBER
EMAIL ADDRESS		SOCIAL SECURITY NUMBER
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY)		

II. CERTIFICATION INFORMATION

DO YOU WANT A NEW CERTIFICATION CARD WITH YOUR NEW NAME? ☐ NO ☐ YES (INCLUDE \$5.00 DUPLICATE CERTIFICATE FEE)

III. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:

I have personally completed the forgoing application truthfully, completely and without omission;

The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;

I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and or any other testing material;

I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and

I make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	DATE
Notary Public Embossed Seal Or Stamp	STATE	COUNTY (Or City Of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	
	NOTARY PUBLIC SIGNATURE	My Commission Expires
	NOTARY PUBLIC NAME (Typed Or Printed)	

FOR OFFICE USE ONLY

Date Received	Updated In Database	Fee Paid	Money Order/Cashier's Check Number	Received By
---------------	---------------------	----------	------------------------------------	-------------